

Trouble Shooting Request

		DHMH CTRL.# have
		DATE
TROUBLE EXTENSION _____ ROOM NO _____		
CONTACT PERSON		
NAME: _____ UNIT: DHMH _____		
EXT: _____		
LOCATION OF PROBLEM:		
ROOM# _____	BLDG. _____	ADDRESS _____
DESCRIPTION OF PROBLEM:		
TYPE OF PHONE _____		
AGENCY AUTHORIZATION		
APPROVED: _____		
<i>Signature</i>		<i>Date</i>
PCA#: _____ AGENCY OBJECT: _____		
<i>FOR TELECOMMUNICATIONS USE ONLY</i>		
VENDOR NAME & INVOICE NO.: _____		
AMOUNT OF CHARGE: _____		